

B1-
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	44 G		1/2/00
O.I.P.E. CLASSIFIER		43	
FORMALITY REVIEW	15	857	12/08/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10-23-00
2	✓	✓	10-23-00
3	✓	✓	10-23-00
4	✓	✓	10-23-00
5	✓	✓	10-23-00
6	✓	✓	10-23-00
7	✓	✓	10-23-00
8	✓	✓	10-23-00
9	✓	✓	10-23-00
10	✓	✓	10-23-00
11	✓	✓	10-23-00
12	✓	✓	10-23-00
13	✓	✓	10-23-00
14	✓	✓	10-23-00
15	✓	✓	10-23-00
16	✓	✓	10-23-00
17	✓	✓	10-23-00
18	✓	✓	10-23-00
19	✓	✓	10-23-00
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21	✓	✓	10-23-00
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43	✓	✓	10-23-00
44	✓	✓	10-23-00
45	✓	✓	10-23-00
46	✓	✓	10-23-00
47	✓	✓	10-23-00
48	✓	✓	10-23-00
49	✓	✓	10-23-00
50	✓	✓	10-23-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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